

This form is specifically designed to be printed and completed offline. Please complete this form in block capitals using black ink to facilitate scanning.

You are advised to read the accompanying guidance notes and per-question help text.

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

## Application to determine if prior approval is required for a proposed: Demolition of Buildings

Town and Country Planning (General Permitted Development) (England) Order 2015 (as amended) - Sch 2, Part 11, Class B

## **Privacy Notice**

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to a Local Planning Authority in accordance with the legislation detailed on this form.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to a Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

## **Local Planning Authority details:**



ORIGINALS

The Market Hall Market Place Whitehaven Cumbria CA28 7JG Telephone 0300 373 3730 cumberland.gov.uk

## **Publication on Local Planning Authority websites**

Information provided on this form and in supporting documents may be published on the authority's planning register and website. Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

1. Applic	ant Name and Address
Title:	MR First name: STEWART
Last name:	GIBSON
Company (optional):	ROBERTSON MEMORIALS
Unit:	House number: House suffix:
House name:	
Address 1:	SILVERTREES DRIVE
Address 2:	
Address 3:	
Town:	WESTHILL
County:	ARERDEENSHIRE
Country:	
Postcode:	AB32 6BH

2. Agent	Name and Address
Title:	First name:
Last name:	
Company (optional):	
Unit:	House number: House suffix:
House name:	
Address 1:	
Address 2:	
Address 3:	
Town:	
County:	
Country:	
Postcode:	

Version ECAB 2019.1

3. Site Address Details	4. Pre-application Advice		
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local		
Unit: House House suffix:	authority about this application?  Yes No		
House ROBERTSON MEMORIALS	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).  Please tick if the full contact details are not		
Address 1: LOW ROAD			
Address 2:	known, and then complete as much as possible:		
Address 3:	Officer name:  CHLOE UNSWORTH		
Town: WHITEHAVEN	Reference:		
County: CUMBRIA	EMAIL OF 13-4-Z3		
Postcode (optional): CA28 9HS	Date (DD/MM/YYYY):		
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission)		
Easting: Northing:	Details of pre-application advice received?		
Description:	I SUBMITTED PHOTOS AND CHLOE		
OFFICE WITH GARAGE	RESPONDED ASKING WE SUBMIT		
ATTACHED.	THIS FORM.		
<b>5. Proposed Demolition Works</b> Please describe the building(s) to be demolished:			
	MACHED TO OFFICE.		
all the second second			
Please state why demolition needs to take place:	2-0-15		
	LABED AND THE COST TO REPAIR		
IS HIGHER THAN DEMOLITION, A	ILSO, THE GARAGE IS GINGSED,		
Please describe the proposed method of demolition:	SCIENCE OND THEN BOICY LOGIC		
KNOCKED DOWN USING HEAVY	ESCIONAL AND THEN BRICK WALLS HAMMER.		
Please provide details of the proposed restoration of the site:			
LEAVE WEST WALL AT SAME HEIGH SKIM & COAT WALL FOR OFFICE, LE PAINT ON WALLS TO MATCH OFFI	HT AS FENCE FOR NEIGHBOUR PRIVACY, AVE. CONCRETE FLOOR, AND USE EXTERIOR CE.		
Please state the expected date of commencement of works (DD/I	MM/YYYY): 1-8-23 DATE MUST BE POST SUBMISSION		
Please state the expected date of completion of works (DD/MM/Y	YYY): 31-8-23 DATE MUST BE POST SUBMISSION		
Are there any public rights of way within the site or immediately a			
Is redevelopment or rebuilding proposed at a later date?	Yes No		
Does the proposal involve the felling or pruning of any tree(s)?	Yes No		
If Yes, please show details on a plan and provide the reference nu	mber of the plan(s):		
1.	4.		
2.	5.		
3.	6.		
Please describe how and where spoil/rubble would be disposed:			
CONTRACTOR WOULD REMOVE.			

6. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed inv the Local Planning Authority (LPA) has been submitted.	information in alid. It will not	support of your prop be considered valid t	osal. Failure to submit all until all information required b	y			
The original and 3 copies* of a completed and dated application form	1:	√ The	correct fee:				
The original and 3 copies* of a plan which identifies the land to which application relates drawn to an identified scale and showing the direct							
A statement that a site notice has been posted in accordance with B.2 (b) (iv) of Part 11 of Schedule 2 to the General Permitted Developmen		$\square$					
In cases where the building is not a community asset and is used for a purpose falling within Class A4 (drinking establishments) of the Sched to the Use Classes Order, a written request to the local planning authors to whether the building has been nominated:	dule						
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.							
7. Declaration							
I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	nis form and the facts stated are	e accompanying plan e true and accurate a	s/drawings and additional nd any opinions given are the				
ar I a I	Or signed - Ag	jent:		_			
Date (DD/MM/YYYY):							
9-5-23 (date cannot be pre-application)							
8. Applicant Contact Details	(0. A ===================================						
	9. Agent o	Contact Details		=			
Telephone numbers				$\prec$			
Telephone numbers  Extension	Telephone n	umbers	Extensio				
2.13		umbers					
Extension	Telephone n	umbers					
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Country code: Extension number:	Telephone n	e: National numbe	r: number				
Country code: Extension number:	Telephone n	e: National number e: Mobile number	(optional):				
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